



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of

Toyonori SASAKI

Group Art Unit: 2863

Application No.: 09/863,299

Examiner: M. Nghiem

Filed: May 24, 2001

Docket No.: 103007.01

For: INK CARTRIDGE AND REMAINING INK VOLUME DETECTION METHOD

SUPPLEMENTAL AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

As a supplement to the September 8, 2003 filed Amendment and in accordance with the September 8, 2003 personal interview, please consider the following:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

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Hand
9/29/03

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09/22/2003 CCHAU1 00000084 09863299

01 FC:1202 36.00 OP
02 FC:1201 168.00 OP



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PATENT APPLICATION

OLIFF & BERRIDGE, PLC
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Attorney Docket No.: 103007.01

AMENDMENT TRANSMITTAL

In re the Application of

Toyonori SASAKI

Group Art Unit: 2863

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

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	(Column 1)	(Column 2)	(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL CLAIMS	*27 MINUS	**25	=2
INDEP CLAIMS	*9 MINUS	***7	=2
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

SMALL ENTITY	
RATE	ADD'L FEE
x 9	\$
x 42	\$
+ 140	\$
	\$

OTHER THAN A SMALL ENTITY	
RATE	ADD'L FEE
x 18	\$ 36
x 84	\$ 168
+ 280	\$
	\$ 204

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 146383 in the amount of \$204 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

James A. Oliff
Registration No. 27,075

Scott M. Schulte
Registration No. 44,325

JAO:SMS/sxb

Date: September 17, 2003